



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• NJT350014270

JERSEY CITY TRAF. OFF.
50 SOUTH CLINTON ST.
EAST ORANGE

NJ 07010

INSTALLATION ADDRESS

SUMMIT & MAGNOLIA AVE.

NJ



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

	INSTALLATION'S EPA I.D. NO.
I.	NAME OF INSTALLATION
II.	INSTALLATION MAILING ADDRESS
III.	LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS	
C	

13 10.												11	
INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yF, mo., & day)	
S										T/A	C		
F	N	J	T	3	5	0	0	1	4	2	7	0	8

I. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX			
C			
3	50	South Clinton St.	49
15	16		
CITY OR TOWN		ST.	ZIP CODE
C			
4	East Orange	NJ	07018
17	18	40	41 42 43

III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																							
C																									
5	S	u	m	m	i	t	&	M	a	g	n	o	l	i	a	A	v	e	.					45	
15	16																								
		CITY OR TOWN																ST.		ZIP CODE					
C																									
6	J	e	r	s	e	y	C	i	t	y											N	J			
U	10																			40	41	42	47	-	3

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																						
2	W	O	O	D	R	U	F	F	J	O	H	N	A	S	S	O	C	I	A	T	E	M	G	R				2	0	1	6	7	3	5	3	1	8

V. OWNERSHIP

[illegible]

B. TYPE OF OWNERSHIP.
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

C. INSTALLATION'S EPA I.D. NO.

I.D. - FOR OFFICIAL USE ONLY													
3												T/A	C
W	NJ T350014270											2	1
1	2										13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
7	8	9	10	11	12
23	24	25	26	27	28

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
19	20	21	22	23	24
23	24	25	26	27	28
25	26	27	28	29	30
23	24	25	26	27	28

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
37	38	39	40	41	42
23	24	25	26	27	28
43	44	45	46	47	48
23	24	25	26	27	28

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) E.P. Sheehan- District Mgr. Toll Equipment Engr.	DATE SIGNED 4-27-81
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rp

NJD980647051

JERSEY CITY TRAF. OFF.
SUMMIT & MAGNOLIA AVE
JERSEY CITY, NJ 07306

Let's protect our earth



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
DIVISION OF ENFORCEMENT FIELD OPERATIONS
Metro Bureau of Water and Hazardous Waste Enforcement
2 Babcock Place, West Orange, N.J. 07052
(201) 669-3900

FEB 14 1987

Dear Generator:

The New Jersey Department of Environmental Protection and Energy has reviewed its data base listing the amount of hazardous waste manifested off site by regulated generators. Our review indicates that your facility may fall into one of the following categories:

A) Small Quantity Generator

B) One time clean up of a hazardous waste discharge

If your facility does not generate hazardous waste and you wish to deactivate your EPA identification number, prefixed by the letters NJD or NJT, please contact the Bureau of Advisement and Manifest at the address listing below:

New Jersey Department of Environmental Protection & Energy
Division of Hazardous Waste Regulation
Bureau of Advisement & Manifest
401 East State Street, CN 028
Trenton, N.J. 08625

If your facility does generate hazardous waste, but never in quantities greater than 100 kilograms (220 pounds) of listed or characteristic waste, or 1 kilogram (2.2 pounds) of acutely hazardous waste, or 1001 gallons of waste oil in any one month, you may wish to deactivate your fully regulated generator (NJD) number and replace it with a small quantity generator (NJX) number. Applications for the (NJX) number can be obtained by calling Ms. Becky Bonfonti at (609) 292-7081.

Should you decide to retain your fully regulated generator number, your company will be subject to inspections and fees pursuant to N.J.A.C. 7:26-4A.

Should you have any questions concerning this matter, please call Mr. Jeffrey Sterling, Section Chief, at (201) 669-3900.

Sincerely,

Peter T. Lynch, Chief
Metro Bureau of Water and
Hazardous Waste Enforcement

1/R-1A7

3/8/85 RD